

Summary of the August 2, 2002 System Leadership Council Meeting

The following Council members attended this meeting.

Janet Areson	Paul R. Gilding	James S. Reinhard, M.D.
Mary Ann Bergeron	Nita Grignol	Julie A. Stanley
H. Lynn Chenault	Larry L. Latham, Ph.D.	James W. Stewart, III
Charline A. Davidson	James R. Peterson	Frank L. Tetrick, III
Judy Dudley	George W. Pratt, Ed.D.	James A. Thur
James L. Evans, M.D.	Raymond R. Ratke	

Joyce Willis, representing Jules J. Modlinks, Ph.D., and Dr. James Krag and Dr. Lillian Mezey, representing the Virginia Association of Community Psychiatrists, also attended this meeting.

1. Agenda and Meeting Summary: The Council accepted the summary of its June 24, 2002 meeting and adopted the agenda for this meeting with the following additions: Discharge Protocols, the Department's proposed Freedom of Information Act exclusion, and Mental Health Models.

2. Role of Community Psychiatrists: Drs. Mezey and Krag described the activities of the Virginia Association of Community Psychiatrists (VACP) and its efforts to define the optimal role of CSB psychiatrists, who often feel under-utilized and isolated from the organization. Often, community psychiatrists are not involved in guiding treatment; they just write prescriptions. If they were involved from the beginning, that could make ongoing treatment more effective.

- Dr. Mezey circulated her September 22, 2001 paper, "The Role of the Psychiatrist in Community Psychiatric Care," to Council members. She indicated that the paper seeks to balance clinical collaboration and administrative activities. Dr. Krag distributed the Pennsylvania Psychiatric Society paper (May, 2001), "The Ideal Role of the Psychiatrist in a Public Behavioral Health System." He noted that Pennsylvania's system is structured much differently than Virginia's.
- George Pratt provided copies of the MH Models, developed by the VACSB MH Council, to Drs. Mezey and Craig, citing them as an example of a quality improvement approach (e.g., looking at various models rather than setting specific standards, such as staffing ratios). The Council agreed that various models should be developed for using psychiatrists (e.g., using physician extenders), rather than developing staffing standards.
- George Pratt suggested two directions in which VACP and VACSB could proceed. First, VACP could attend the VACSB October conference to review and discuss the MH models with the MH Council and perhaps give a report on its activities at the conference. Second, a few VACP members and CSB Executive Directors could discuss policy issues (e.g., whether every CSB should have a medical director) and report to the Executive Directors Forum at the October VACSB conference. George Pratt agreed to identify some Executive Directors for a discussion forum with VACP representatives.
- A concern was expressed that it might be premature to expect recommendations by October. Everyone agreed this was a long-term evolving effort, and that people should proceed slowly. It was also noted that the October VACSB conference could be a unique opportunity to begin a useful dialogue and CSBs should send as many of their psychiatrists as possible.

3. FY 2004 Performance Contract Process: Ray Ratke discussed the Department of Planning and Budget Evaluation Unit study of the contract and the meeting last month with the Deputy Secretary of Health and Human Resources about it. He described one of the results of that meeting, the idea to split the contract into two documents.

- The first document would not be negotiated annually, but it would describe system values, roles and responsibilities, and statutory requirements. It would be an ongoing document, which could be revised as needed, that would establish the basis of the relationship between the Department and CSBs. The second, smaller document would be the annual contract, negotiated every year. It would reflect concise, focused accountability with negotiated outcomes. In developing these documents, we would set aside the current contract and start fresh, reviewing reporting requirements against what we really need. Frank Tetrick noted that this represented a major philosophical shift to a partnership agreement.
- Jim Stewart urged involving others who had not typically participated in developing the contract (e.g., financial and program staff in the Department and CSBs) and suggested a retreat format, involving representatives of CSBs, the Department, state facilities, and local governments.
- The Council agreed to establish a very small group that would meet in August to plan a one or two day retreat in September to start the process of developing the FY 2004 performance contract. George Pratt agreed to provide names of several CSB Executive Directors to serve on this small group to Ray Ratke by August 9. This group could also develop a brief (e.g., one page) document describing this new approach (including the small group and the retreat) that could be shared widely.
- Another result of the meeting with the Deputy Secretary was the request for the Department to provide a memorandum to the Secretary describing the Department's proposed approach to developing the FY 2004 contract. This memorandum could be the basis for the brief document mentioned in the preceding point.
- Dr. Reinhard agreed to contact George Drumwright about this new approach, since George is the lead VALHSO representative in the former contract negotiation process.

4. New FY 2004 MH and SA Block Grant Performance Partnership Reporting Requirements and

5. Abbreviated Single Submission Proposal: Paul Gilding reviewed current information on Block Grant requirements and the Department's proposed method of addressing them: an abbreviated single submission of de-identified individual consumer data to the Department. This would collect about 17 items on each consumer. Recently, the VACSB Executive Directors Forum approved piloting this abbreviated single submission at several CSBs.

6. Potential FY 2003 Contract Amendments: Paul Gilding updated the Council on the status of these amendments, which are primarily housekeeping changes that address POIS reporting and deletion of the employment performance measure in the contract. Proposed amendments will be available at the next Council meeting.

7. FY 2003 State Pharmacy Issues: Ray Ratke discussed the budget meeting (held the previous day), at which the pharmacy shortfall was discussed. The \$2.5 million shortfall figure does not include any Medicaid revenue or CSB payments for non-aftercare consumers received by the pharmacy, which could reduce the shortfall.

- He indicated the Department was working on monthly state pharmacy reports that would include the following information by CSB: CSB costs, med-saver participation, and revenues from Medicaid and CSBs. Reports should be available in six to eight weeks; they would provide feedback to individual CSBs monthly, and summary reports would be provided to the Council.
- The Council's Pharmacy Subcommittee is scheduled to meet on August 27. A nurse from the Fairfax-Falls Church CSB, Dr. Craig, and a couple of state facility medical directors are being added to this subcommittee. Ray Ratke indicated that the July report might not be ready by then; but, if it is, the data will not be firm. The agenda for the subcommittee's meeting includes prescribing guidelines, co-payments, data in the last state pharmacy memo (given concerns expressed about the wide variations in usage among comparable CSBs), dispensing medications from indigent programs, any other unresolved issues.
- It was announced that NAMI-US has discussed using preferred medications with cost as a consideration and preauthorization, which would be acceptable as long as it does not interfere with the timely administration of medications.
- The Commissioner announced the change to three weeks of medications for discharged patients at the last state facility directors meeting. CCCA may continue providing four weeks of medications for clinical reasons.

8. Access and Alternatives Work Group: Dr. Evans distributed folders to Council members with extensive information that was provided to the work group at its June 27 meeting and discussed that information. A follow up meeting is scheduled in September, with a report to the Joint Commission on Health Care in October and a report to the Joint Commission in November.

- Dr. Evans noted that occupancy rates for staffed psychiatric beds rose from 60 to 77 percent between 1998 and 2001 (83 to 85 percent is manageable). However, these figures do not reflect bed closures in 2001. He also noted that state facilities are experiencing a 92 percent occupancy rate, which is not manageable. Only 800 state facility beds are available statewide for admissions due to the demand for forensic beds.
- Dr. Reinhard asked if it made sense to fold this activity into the regional restructuring planning process after the Joint Commission presentation. George Pratt urged that restructuring needs to include a statewide, not just a regional, perspective; for example, it needs to consider child and adolescent beds, forensic needs. Regional activities and perspectives need to be folded into a statewide view. However, unique regional differences need to be taken into account. Solutions may vary by region, but they need to be pulled together into a statewide presentation.
- Jim Thur pointed out that the private sector operates differently from the public sector, which is more deliberate, inclusive, and participatory; and this can be a major stressor in efforts to develop public private partnerships. Also, CSBs are using a smaller and smaller portion of local private sector resources. The private sector considers the profit that can be derived from local inpatient beds, and if the profit is not there, beds will not be available.
- Dr. Reinhard observed that we are still using a "bed mentality" to address this problem and encouraged the work group to move beyond it. Jim Evans noted that the resources associated with a 20 bed inpatient unit could fund three PACT teams. Jim Thur cautioned that, over time, PACT teams would require more money because consumers are retained on a long term basis in PACTs, unlike inpatient beds.

9. Behavior Management System: Marion Greenfield updated the Council on the new system that the Department is acquiring, Therapeutic Options, which emphasizes communication, de-escalation, and crisis intervention. The physical techniques component will be augmented. Training will be available for CSBs next spring, at less cost than the current Mandt system.

- Concerns were expressed about whether this new system constitutes a standard that could increase a CSB's liability if it continued to use the Mandt system.
- The Department agreed to distribute a letter that describes the new "Virginia System" that it will be using and the implementation process for it and that indicates when CSBs can receive training on this new system.

10. Restructuring Planning Process (HB 995) and

11. DMHMRSAS Strategic Planning Process: Dr. Reinhard updated the Council on these activities. He indicated that the Department is trying identify a date for the partnership conference in October or early November. This conference would be the kick off for the regional planning process, which would culminate in a second conference next spring to review the results of the five regions' planning activities. He informed the Council that the Department would be holding a strategic planning retreat on August 28 and 29. Representatives of CSB Executive Directors will be invited to participate in part of the retreat.

12. HIPAA Update: Julie Stanley informed the Council that the Department has contracted with Creative Sociomedics for the replacement of the PRAIS system.

- The extension on the implementation date for transactions and code sets by the Department and state facilities has been approved by the Department of Health and Human Services.
- The Joint DMHMRSAS and VACSB HIPAA Committee met last month and the VACB HIPAA Committee has developed a lot of draft materials for CSBs to use. The Joint Committee is scheduled to meet again on September 19.
- It appears as though the Department and CSBs may be able to operate for HIPAA purposes as an organized health care arrangement.

13. FOIA Exclusion: Julie Stanley informed the Council that the Department is considering seeking legislation for an exemption under the Freedom of Information Act for active human rights and licensing investigations. It probably would be modeled on the exemption for the Virginia Office of Protection and Advocacy. She noted that most agencies already have such exemptions. Mary Ann Bergeron indicated that the VACSB probably would support such an exclusion.

14. Licensing Regulations Update: Julie Stanley reviewed the e-mail sent to all licensed organizations this week about license renewals and licensing of PACT and case management under the new regulations. Emergency regulations will merge the new DD waiver licensing provisions into the Department's new licensing regulations and those DD waiver provisions will be effective at the same time. She noted that the Licensing Office will be in a technical assistance mode from September through December to help licensees comply with the new regulations.

- The Council discussed the new PACT licensing requirements, and concerns were expressed about some staffing qualifications requirements. It was indicated that Department staff had assured CSBs that they would be grandfathered under those requirements, but now, CSBs are being told something different. Also, Department staff apparently offered several interpretations at PACT team meetings that are not in the licensing regulations.
- Concerns were also expressed about the need for experience equivalencies, for example, qualified mental health professionals with 10 to 12 years of experience. Julie Stanley indicated that she believed the regulations contained equivalency provisions.
- Julie Stanley asked that members contact her with specific questions and said she would be glad to look into these concerns. She noted that there would be PACT licensing training in September, and asked everyone to communicate their issues to Leslie Anderson, the Department's Director of Licensing.

15. Discharge Planning Protocols: Dr. Reinhard indicated that the next step would be convening groups to begin reviewing the protocols.

16. Mental Health Models: George Pratt provided copies of the models developed by the VACSB Mental Health Council to Ray Ratke, noting that Department staff had participated in their development. Jim Stewart noted that this effort grew out of VACSB interest, the Department's concern about lack of consistent services across the state, and consumer and stakeholder concerns. Dr. Reinhard agreed to examine the models and determine if the Department remained interested in pursuing this approach with the CSBs.

17. Next Meeting: The Council scheduled its next meeting on October 11 at the Henrico CSB. Subsequently, this meeting was rescheduled to December 2. At that meeting, the group agreed to consider establishing a regular meeting date and place.